

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

063-048886

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

264

Primary Registration District No.

264-291

Registrar's No.

264-291

FILED JAN 2 1964

## 1. PLACE OF DEATH

a. COUNTY

Ozark

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Longrun Twp.

Length of stay in lb

Life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Ozark

c. CITY

OR TOWN

Longrun

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Longrun Twp

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

Ozark

Cutbirth

Dec.

21-1963

## 5. SEX

M

## 6. COLOR OR RACE

W

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

7-23-1904

## 9. AGE (last birthday)

59

## 10. IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Own

11. BIRTHPLACE (City and state or country)

Longrun Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Charley C. Cutbirth

## 13b. MOTHER'S MAIDEN NAME

Josie Marit

## 14. NAME OF HUSBAND OR WIFE

Shirley Pitland

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

[Redacted]

## 17. INFORMANT

Elbert Cutbirth Josie Mo

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Coronary occlusion

### INTERVAL BETWEEN ONSET AND DEATH

Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I, or PART II of item 18.)

Body found by relatives 12/25/63 No evidence of foul play. Body was frozen.

## 20c. TIME OF INJURY

Hour Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her him alive on \_\_\_\_\_

Death occurred at about Dec. 21, 1963 m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

[Signature]

## (Degree or title)

## 22b. ADDRESS

Gainesville, Missouri

## 22c. DATE SIGNED

12/28/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

12-27-63

## 23c. NAME OF CEMETERY OR CREMATORY

Thorfield

## 23d. LOCATION (City, town, or county)

Ozark Co. Mo.

## (State)

## 24. FUNERAL DIRECTOR

Clunkingbeard Gainesville

## ADDRESS

## 25. DATE REC'D BY LOCAL REG.

12-28-63

## 26. REGISTRAR'S SIGNATURE

Barbara Shaw J.W.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John R. Clary*

Licensed Embalmer No.

*4888*

P. O. Address

*Hamersville, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*not used* *FD-45-81*